



# OFFICE *of* ADMINISTRATION

## AUTHORIZED SIGNATURES DEPARTMENT OF REVENUE

	LAST NAME	FIRST NAME, MI	NOTES	STREET ADDRESS	CITY, STATE ZIP	EMAIL ADDRESS	OFFICE PHONE NO
SA/POC	Allen	Jerry		Truman Building Room 219	Jefferson City, MO 65102	jerry.allen@dor.mo.gov	573-751-2815
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\*SA = SIGNATURE AUTHORITY

AA = APPOINTING AUTHORITY

POC = POINT OF CONTACT